

Registration of Aboveground Petroleum Storage Facility

New Hampshire Department of Environmental Services

29 Hazen Drive, P.O. Box 95

Concord, New Hampshire 03302-0095

(603) 271-3644

TYPE OF NOTIFICATION			STATE USE ONLY	
<input type="checkbox"/> New Facility	<input type="checkbox"/> Amended	<input type="checkbox"/> Existing	AST FACILITY NO.: _____	
<input type="checkbox"/> Permanent Closure	<input type="checkbox"/> Remove from Service	<input type="checkbox"/> Reactivate	DATE RECEIVED: _____	
			Date entered to Computer: _____	
			Data Entry Clerk Initials: _____	
			Owner was contacted to Clarify: _____	
			Responses, comment: _____	
INSTRUCTIONS				
In completing this form please type or print in ink all entries. One exception is the signature block in Section VII. This form must be completed for each location containing aboveground storage tanks (ASTs). If more than four ASTs are located at a facility location, you may photocopy this form. If you own more than one AST facility, a separate form must be completed for each facility.				
I. OWNERSHIP OF TANK(S)			II. LOCATION OF TANK(S)	
Owner Name: _____			Facility Name: _____	
Street Address: _____			Street Address (DO NOT USE POST OFFICE BOX): _____	
City: _____ State: _____ Zip Code: _____			City: _____ State: _____ Zip Code: _____	
Phone Number (include area code): _____			County: _____	
III. INTENDED USE			IV. MAPPING INFORMATION	
<input type="checkbox"/> On-premise use			If known, please provide:	
<input type="checkbox"/> Distribution			The Geographic Location of the tanks by degree, minutes and seconds:	
			(Example: Lat. 42.36.12 N Long 95.24.17 W)	
			Latitude: _____ Longitude: _____	
			Tax Map #: _____ Lot #: _____	
V. TYPE OF FACILITY				
<input type="checkbox"/> Gas Station	<input type="checkbox"/> Local Government	<input type="checkbox"/> Contractor		
<input type="checkbox"/> Petroleum Distributor	<input type="checkbox"/> State Government	<input type="checkbox"/> Trucking/Transportation		
<input type="checkbox"/> Air Taxi	<input type="checkbox"/> Federal-Non-Military	<input type="checkbox"/> Utilities		
<input type="checkbox"/> Aircraft Owner	<input type="checkbox"/> Federal-Military	<input type="checkbox"/> Farmer Residential		
<input type="checkbox"/> Auto Dealership	<input type="checkbox"/> Commercial	<input type="checkbox"/> Other (Explain)		
<input type="checkbox"/> Railroad	<input type="checkbox"/> Industrial			
VI. CONTACT PERSON IN CHARGE OF TANKS				
Name: _____				
Job Title: _____				
Address: _____				
Phone Number (Include Area Code): _____				
VII. CERTIFICATION				
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.				
_____ Name and Title of Owner or owner's authorized representative (print)		_____ Signature		_____ Date Signed

VIII. DESCRIPTION OF ABOVEGROUND STORAGE TANKS (Complete for each tank at this location)

Tank Identification Number	Tank No.	Tank No.	Tank No.	Tank No.
1. Status of Tank (mark only one)				
Currently in Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporarily Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Permanently Out of Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amendment to Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Installation/Age of Tanks				
3. Estimate Total Capacity (gallons)				
4. Tank Material (mark all that apply)				
Shop-fabricated Asphalt Coated or Bare Steel (UL 142)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Field-Fabricated Asphalt Coated or Bare Steel (API 650)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Resistant Tank (UL 2085)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lined Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrated Secondary Containment (e.g. "tank-in-a-box"/"dike tank")	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Filled Electrical Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Tank Repaired? Date				
5. Piping Material (mark all that apply)				
Bare Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galvanized Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fiberglass Reinforced Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cathodically Protected Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Double Walled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secondary Containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Was Piping Repaired? Date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Piping Type (mark all that apply)				
Above Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Below Ground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Substance Currently or Last Stored				
Gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gasohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kerosene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating Oil (specify #2, #6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aviation Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jet Fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asphalt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other, Please Specify				

XII. COMMENTS: (additional information continued from previous pages)

XIII. SITE AND FACILITY LAYOUT (May be accurate hand sketch)